

<i>SERFF Tracking Number:</i>	<i>LSVX-G127163832</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>USAbLe Life</i>	<i>State Tracking Number:</i>	<i>48740</i>
<i>Company Tracking Number:</i>	<i>AR000960100004</i>		
<i>TOI:</i>	<i>H16G Group Health - Major Medical</i>	<i>Sub-TOI:</i>	<i>H16G.001C Any Size Group - Other</i>
<i>Product Name:</i>	<i>Group Health Policy Amendments</i>		
<i>Project Name/Number:</i>	<i>GRP- Group/AR000960100004</i>		

## Filing at a Glance

Company: USAbLe Life		
Product Name: Group Health Policy Amendments	SERFF Tr Num: LSVX-G127163832	State: Arkansas
TOI: H16G Group Health - Major Medical	SERFF Status: Closed-Approved-Closed	State Tr Num: 48740
Sub-TOI: H16G.001C Any Size Group - Other	Co Tr Num: AR000960100004	State Status: Approved-Closed
Filing Type: Form	Author: SPI Life and Specialty Ventures	Reviewer(s): Rosalind Minor
	Date Submitted: 05/11/2011	Disposition Date: 05/12/2011
		Disposition Status: Approved-Closed
Implementation Date Requested: 06/11/2011		Implementation Date:
State Filing Description:		

## General Information

Project Name: GRP- Group	Status of Filing in Domicile:
Project Number: AR000960100004	Date Approved in Domicile:
Requested Filing Mode: Review & Approval	Domicile Status Comments:
Explanation for Combination/Other:	Market Type: Group
Submission Type: New Submission	Group Market Size: Small and Large
Group Market Type: Employer	Overall Rate Impact:
Filing Status Changed: 05/12/2011	
State Status Changed: 05/12/2011	Deemer Date:
Created By: SPI Life and Specialty Ventures	Submitted By: SPI Life and Specialty Ventures
Corresponding Filing Tracking Number:	
PPACA: Not PPACA-Related	
PPACA Notes: null	
Filing Description:	
Attached please find forms 42-47 7/11, 42-29 MHP R7/11, and 42-30 MHP R7/11 for your review and approval if indicated.	

Form 42-29 MHP R7/11 and 42-30 MHP R7/11 have been amended to delete the exclusion for eating disorders. This should have been done prior to the forms original submission but was inadvertently left in the form. We do not deny

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<i>TOI:</i>	<i>H16G Group Health - Major Medical</i>	<i>Sub-TOI:</i>	<i>H16G.001C Any Size Group - Other</i>
<i>Product Name:</i>	<i>Group Health Policy Amendments</i>		
<i>Project Name/Number:</i>	<i>GRP- Group/AR000960100004</i>		

coverage for eating disorders. Both amendments were originally approved on August 8, 2009.

Form 42-47 7/11 is a general amendment for all group benefit certificates. We are clarifying the benefit for services provided by a midwife to stipulate services must be performed in a Hospital to correlate with Coverage Policy. Home delivery exclusion is also added for additional clarification. We are deleting the many exclusions because they are either outdated procedures or we have developed Coverage Policy for them and now cover them in specific cases.

Also attached is a Flesch Reading Ease score certification signed by an officer of the company as required by Arkansas Code Annotated §23-80-206(d).

I certify that the submission meets the provisions of Arkansas Insurance Department Rule & Regulation 19. I further certify that the Life and Health Guaranty Association Notices required by Arkansas Insurance Department Rule & Regulation 49 and the consumer information notice required by Arkansas Code Annotated §23-79-138 are incorporated in the benefit certificate to which this amendment is attached.

Please feel free to contact Evelyn Laney at 378-2165 with any questions you may have.

## Company and Contact

### Filing Contact Information

Rob Wittenburg, Regulatory Resource Analyst [rwittenburg@usablelife.com](mailto:rwittenburg@usablelife.com)  
 PO Box 1650 501-212-8877 [Phone] 8877 [Ext]  
 Little Rock, AR 72203-1650 501-235-8484 [FAX]

### Filing Company Information

USAbLe Life	CoCode: 94358	State of Domicile: Arkansas
PO Box 1650	Group Code: 876	Company Type: Life & Health
Little Rock, AR 72203-1650	Group Name: Life and Speciality Ventures (LSV)	State ID Number:
(501) 375-7200 ext. [Phone]	FEIN Number: 71-0505232	

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## Filing Fees

Fee Required?	Yes
Fee Amount:	\$150.00
Retaliatory?	No
Fee Explanation:	\$50 per form x 3 forms

<i>SERFF Tracking Number:</i>	<i>LSVX-G127163832</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>USable Life</i>	<i>State Tracking Number:</i>	<i>48740</i>
<i>Company Tracking Number:</i>	<i>AR000960100004</i>		
<i>TOI:</i>	<i>H16G Group Health - Major Medical</i>	<i>Sub-TOI:</i>	<i>H16G.001C Any Size Group - Other</i>
<i>Product Name:</i>	<i>Group Health Policy Amendments</i>		
<i>Project Name/Number:</i>	<i>GRP- Group/AR000960100004</i>		
<i>Per Company:</i>	<i>No</i>		

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
USable Life	\$150.00	05/11/2011	47461566

SERFF Tracking Number:	LSVX-G127163832	State:	Arkansas
Filing Company:	USAbLe Life	State Tracking Number:	48740
Company Tracking Number:	AR000960100004		
TOI:	H16G Group Health - Major Medical	Sub-TOI:	H16G.001C Any Size Group - Other
Product Name:	Group Health Policy Amendments		
Project Name/Number:	GRP- Group/AR000960100004		

## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Rosalind Minor	05/12/2011	05/12/2011

*SERFF Tracking Number:* LSVX-G127163832

*State:* Arkansas

*Filing Company:* USAbLe Life

*State Tracking Number:* 48740

*Company Tracking Number:* AR000960100004

*TOI:* H16G Group Health - Major Medical

*Sub-TOI:* H16G.001C Any Size Group - Other

*Product Name:* Group Health Policy Amendments

*Project Name/Number:* GRP- Group/AR000960100004

## Disposition

Disposition Date: 05/12/2011

Implementation Date:

Status: Approved-Closed

HHS Status: HHS Approved

State Review: Reviewed-No Actuary

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number:	LSVX-G127163832	State:	Arkansas
Filing Company:	USable Life	State Tracking Number:	48740
Company Tracking Number:	AR000960100004		
TOI:	H16G Group Health - Major Medical	Sub-TOI:	H16G.001C Any Size Group - Other
Product Name:	Group Health Policy Amendments		
Project Name/Number:	GRP- Group/AR000960100004		

Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification	Approved-Closed	Yes
Supporting Document	Application	Approved-Closed	Yes
Supporting Document	PPACA Uniform Compliance Summary	Approved-Closed	Yes
Form	Mental Health Parity Amendment	Approved-Closed	Yes
Form	Mental Health Parity Amendment	Approved-Closed	Yes
Form	General Amendment	Approved-Closed	Yes

SERFF Tracking Number: LSVX-G127163832 State: Arkansas  
 Filing Company: USAbLe Life State Tracking Number: 48740  
 Company Tracking Number: AR000960100004  
 TOI: H16G Group Health - Major Medical Sub-TOI: H16G.001C Any Size Group - Other  
 Product Name: Group Health Policy Amendments  
 Project Name/Number: GRP- Group/AR000960100004

## Form Schedule

### Lead Form Number: 42-29 MHP R7/11

Schedule Item	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
Approved-Closed 05/12/2011	42-29 MHP R7/11	Certificate Amendmen t, Insert Page, Endorseme nt or Rider	Mental Health Parity Amendment	Revised	Replaced Form #: Previous Filing #:	0.000	42-29 MHP R7-11.PDF
Approved-Closed 05/12/2011	42-30 MHP R7/11	Certificate Amendmen t, Insert Page, Endorseme nt or Rider	Mental Health Parity Amendment	Revised	Replaced Form #: Previous Filing #:	0.000	42-30 MHP R7-11.PDF
Approved-Closed 05/12/2011	42-47 7/11	Certificate Amendmen t, Insert Page, Endorseme nt or Rider	General Amendment	Initial		0.000	42-47 7-11 GenAmen.PD F



**AMENDMENT TO THE  
USABLE LIFE  
COMPREHENSIVE MAJOR MEDICAL  
GROUP BENEFIT CERTIFICATES**

**AMENDMENT NO. 42-29  
MENTAL HEALTH PARITY**

The following subsection amendment language is hereby amended to read as follows.

**BENEFITS AND SPECIFIC LIMITATIONS IN YOUR PLAN, Psychiatric Conditions and Substance Abuse Services** is hereby amended to read as follows.

**Mental Illness and Substance Abuse Services (Alcohol and Drug Abuse).** Subject to all terms, conditions, exclusions and limitations of the Plan as set forth in this Benefit Certificate, coverage is provided for Health Interventions to treat Mental Illness and Substance Abuse.

1. **Outpatient Health Interventions.**
  - a. Coverage of Mental Illness and Substance Abuse Health Interventions during office visits and other forms of outpatient treatment, including partial or full-day program services is subject [to the Specialty Care Physician Copayment and] to the Deductible and Coinsurance set out in the Schedule of Benefits.
  - b. Coverage of office visits and other outpatient treatment sessions, beyond the eighth session in a calendar year, except for medication management treatment sessions, is subject to Prior Approval from the Company. See Subsection 3, below.
2. **Inpatient, Partial Hospitalization Program and Intensive Outpatient Program Health Interventions**
  - a. Coverage for Inpatient Hospitalization, Partial Hospitalization Programs or Intensive Outpatient Programs for Mental Illness or Substance Abuse Health Interventions is subject to Prior Approval from the Company. See Subsection 3 below.
    - i. Inpatient Hospitalization requires a patient to receive Covered Services 24 hours a day as an inpatient in a Hospital.
    - ii. Partial Hospitalization Programs generally require the patient to receive Covered Services six to eight hours a day, five to seven days per week in a Hospital.
    - iii. Intensive Outpatient Programs generally require the patient to receive Covered Services lasting two to four hours a day, three to five days per week in a Hospital.
  - b. Coverage is subject [to the Inpatient Hospital Copayment and] to the Deductible and Coinsurance set forth in the Schedule of Benefits.
  - c. **The treating facility must be a Hospital.** See Subsection 9.42. Treatment received at a Freestanding Residential Substance Abuse Treatment Center or at a Freestanding Psychiatric Residential Treatment Facility is not a covered benefit.
3. **Prior Approval.** Coverage for many Health Interventions for the treatment of Mental Illness and Substance Abuse are subject to Prior Approval from the Company. To request Prior Approval, please call the "Behavioral Health" telephone number on your ID card. **Please note that Prior Approval does not guarantee payment or assure coverage; it means only that the information furnished us at the time indicates that the proposed Health Intervention meets the Primary Coverage Criteria requirements set out in Subject 2.2 and the Applications of the Primary Care Criteria set out in Subsections 2.4.1.b, e., or f. All services, including any Health Interventions for the treatment of Mental Illness or Substance Abuse receiving Prior Approval may be limited or denied if, when the claims for the Health**



Intervention are received by us, investigation shows that a benefit exclusion or limitation applies, that the Covered Person ceased to be eligible for benefits on the date services were provided, that coverage lapsed for non-payment of premium, that out-of-network limitations apply, or that any other basis for denial of the claim specified in this Benefit Certificate exists.

4. The following services and treatments are not covered.
- a. **Group Therapy.** Group therapy or group counseling at any time in any setting by any Provider is not covered. See Subsection 4.3.40
  - b. **Health and Behavior Assessment/Intervention.** Evaluation of psychosocial factors potentially impacting physical health problems and treatments are not covered. This includes health and behavior assessment procedures used to identify psychological, behavioral, emotional, cognitive, and social factors affecting physical health problems. See Subsection 4.3.42.
  - c. **Hypnotherapy.** Hypnotherapy is not covered for any diagnosis or medical condition. See 4.3.48.
  - d. **Marriage and Family Therapy.** Marriage and family therapy or counseling services are not covered. See Subsection 4.3.57.
  - e. **Sex Changes/Sex Therapy.** Care, services or treatment for non-congenital transsexualism, gender dysphoria or sexual reassignment or change are not covered. This exclusion includes medications, implants, hormone therapy, surgery, medical or psychiatric treatment or other treatment of sexual dysfunction including Prescription Medication and sex therapy. See Subsection 4.3.82.

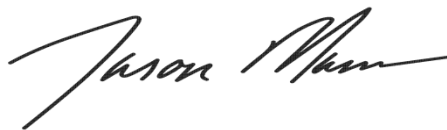
**GLOSSARY OF TERMS, Psychiatric Conditions** is hereby deleted in its entirety.

**GLOSSARY OF TERMS** is hereby amended to add the following new Subsections. All remaining subsections are renumbered to correlate with the change.

**Mental Illness** means and includes (whether organic or non-organic, whether of biological, non-biological, chemical or non-chemical origin, and irrespective of cause, basis or inducement) mental disorders, mental illnesses, psychiatric illnesses, mental conditions, and psychiatric conditions. This includes, but is not limited to, psychoses, neurotic disorders, schizophrenic disorders, affective disorders, personality disorders, and psychological or behavioral abnormalities associated with transient or permanent dysfunction of the brain or related neurohormonal systems. (This is intended to include only illnesses classified on Axes I and II in the current edition of the Diagnostic and Statistical Manual of Mental Disorders of the American Psychiatric Association, Washington, D.C.)

**Substance Abuse** means a maladaptive pattern of substance use manifested by recurrent and significant adverse consequences related to the repeated use of substances.

This Amendment becomes a part of the USABLE Life Managed Benefits Comprehensive Major Medical Group Benefit Certificates. All other provisions of the Group Benefit Certificate remain in full force and effect.



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Jason Mann, President

USABLE Life  
Group Health Division  
[PO Box 1151, 400 West Capitol, Suite 1500  
Little Rock, Arkansas 72203]



**AMENDMENT TO THE  
USABLE LIFE  
COMPREHENSIVE MAJOR MEDICAL  
PREFERRED PROVIDER ORGANIZATION  
CONVERSION POLICY**

**AMENDMENT NO. 42-30  
MENTAL HEALTH PARITY**

The following subsection amendment language is hereby amended to read as follows.

**BENEFITS AND SPECIFIC LIMITATIONS IN YOUR PLAN, Psychiatric Conditions and Substance Abuse Services** is hereby amended to read as follows.

**Mental Illness and Substance Abuse Services (Alcohol and Drug Abuse).** Subject to all terms, conditions, exclusions and limitations of the Plan as set forth in this Benefit Certificate, coverage is provided for Health Interventions to treat Mental Illness and Substance Abuse.

1. **Outpatient Health Interventions.**
  - a. Coverage of Mental Illness and Substance Abuse Health Interventions during office visits and other forms of outpatient treatment, including partial or full-day program services is subject [to the Specialty Care Physician Copayment and] to the Deductible and Coinsurance set out in the Schedule of Benefits.
  - b. Coverage of office visits and other outpatient treatment sessions, beyond the eighth session in a calendar year, except for medication management treatment sessions, is subject to Prior Approval from the Company. See Subsection 3, below.
2. **Inpatient, Partial Hospitalization Program and Intensive Outpatient Program Health Interventions**
  - a. Coverage for Inpatient Hospitalization, Partial Hospitalization Programs or Intensive Outpatient Programs for Mental Illness or Substance Abuse Health Interventions is subject to Prior Approval from the Company. See Subsection 3 below.
    - i. Inpatient Hospitalization requires a patient to receive Covered Services 24 hours a day as an inpatient in a Hospital.
    - ii. Partial Hospitalization Programs generally require the patient to receive Covered Services six to eight hours a day, five to seven days per week in a Hospital.
    - iii. Intensive Outpatient Programs generally require the patient to receive Covered Services lasting two to four hours a day, three to five days per week in a Hospital.
  - b. Coverage is subject [to the Inpatient Hospital Copayment and] to the Deductible and Coinsurance set forth in the Schedule of Benefits.
  - c. **The treating facility must be a Hospital.** See Subsection 9.42. Treatment received at a Freestanding Residential Substance Abuse Treatment Center or at a Freestanding Psychiatric Residential Treatment Facility is not a covered benefit.
3. **Prior Approval.** Coverage for many Health Interventions for the treatment of Mental Illness and Substance Abuse are subject to Prior Approval from the Company. To request Prior Approval, please call the "Behavioral Health" telephone number on your ID card. **Please note that Prior Approval does not guarantee payment or assure coverage; it means only that the information furnished us at the time indicates that the proposed Health Intervention meets the Primary Coverage Criteria requirements set out in Subject 2.2 and the Applications of the Primary Care**

Criteria set out in Subsections 2.4.1.b, e., or f. All services, including any Health Interventions for the treatment of Mental Illness or Substance Abuse receiving Prior Approval may be limited or denied if, when the claims for the Health Intervention are received by us, investigation shows that a benefit exclusion or limitation applies, that the Covered Person ceased to be eligible for benefits on the date services were provided, that coverage lapsed for non-payment of premium, that out-of-network limitations apply, or that any other basis for denial of the claim specified in this Benefit Certificate exists.

4. The following services and treatments are not covered.
  - a. **Group Therapy.** Group therapy or group counseling at any time in any setting by any Provider is not covered. See Subsection 4.3.40
  - b. **Health and Behavior Assessment/Intervention.** Evaluation of psychosocial factors potentially impacting physical health problems and treatments are not covered. This includes health and behavior assessment procedures used to identify psychological, behavioral, emotional, cognitive, and social factors affecting physical health problems. See Subsection 4.3.42.
  - c. **Hypnotherapy.** Hypnotherapy is not covered for any diagnosis or medical condition. See 4.3.48.
  - d. **Marriage and Family Therapy.** Marriage and family therapy or counseling services are not covered. See Subsection 4.3.57.
  - e. **Sex Changes/Sex Therapy.** Care, services or treatment for non-congenital transsexualism, gender dysphoria or sexual reassignment or change are not covered. This exclusion includes medications, implants, hormone therapy, surgery, medical or psychiatric treatment or other treatment of sexual dysfunction including Prescription Medication and sex therapy. See Subsection 4.3.82.

**GLOSSARY OF TERMS, Psychiatric Conditions** is hereby deleted in its entirety.

**GLOSSARY OF TERMS** is hereby amended to add the following new Subsections. All remaining subsections are renumbered to correlate with the change.

**Mental Illness** means and includes (whether organic or non-organic, whether of biological, non-biological, chemical or non-chemical origin, and irrespective of cause, basis or inducement) mental disorders, mental illnesses, psychiatric illnesses, mental conditions, and psychiatric conditions. This includes, but is not limited to, psychoses, neurotic disorders, schizophrenic disorders, affective disorders, personality disorders, and psychological or behavioral abnormalities associated with transient or permanent dysfunction of the brain or related neurohormonal systems. (This is intended to include only illnesses classified on Axes I and II in the current edition of the Diagnostic and Statistical Manual of Mental Disorders of the American Psychiatric Association, Washington, D.C.)

**Substance Abuse** means a maladaptive pattern of substance use manifested by recurrent and significant adverse consequences related to the repeated use of substances.

This Amendment becomes a part of the USABLE Life Managed Benefits Comprehensive Major Preferred Provider Organization Conversion Policy. All other provisions of the Conversion Policy remain in full force and effect.

A handwritten signature in black ink, appearing to read "Jason Mann", is positioned above a horizontal line.

Jason Mann, President

USABLE Life  
Group Health Division  
PO Box 1151, 400 West Capitol, Suite 1500  
Little Rock, Arkansas 72203]



AMENDMENT TO THE  
USABLE LIFE  
COMPREHENSIVE MAJOR MEDICAL  
GROUP BENEFIT CERTIFICATES

AMENDMENT NO. 42-47  
GENERAL AMENDMENT

Form Nos. 41-01, 41-02, 41-03, 41-04, 41-05, 41-06, 41-07, 41-08, 41-09

The following subsection amendment is effective on July 1, 2011.

**BENEFITS AND SPECIFIC LIMITATIONS IN YOUR PLAN, Maternity, “Midwives”** is hereby amended to read as follows.

**Midwives.** Services provided by any lay midwife are not covered. See Subsection 4.2.5. However, subject to all terms, conditions, exclusions and limitations of the Plan as set forth in this Benefit Certificate, coverage is provided for services provided by a certified nurse midwife who has a collaborative agreement with a Physician who is within immediate proximity to the Hospital utilized by the certified nurse midwife, in case there is need for assistance during the delivery.

**BENEFITS AND SPECIFIC LIMITATIONS IN YOUR PLAN, Miscellaneous Health Interventions, “Trans-telephonic Home Spirometry”** is hereby amended to read as follows.

**Trans-telephonic Home Spirometry.** Subject to all terms, conditions, exclusions and limitations of the Plan as set forth in this Benefit Certificate, trans-telephonic home spirometry is covered for patients who have had a lung transplant.

**SPECIFIC PLAN EXCLUSIONS, Health Interventions, “Cerebellar Stimulator/Pacemaker”, “Cervicography”, “Dermatome Somatosensory Evoked Potentials”, “Dexamethasone infusion”, “Electron Beam Computed Tomography”, “Magnetic Innervation Therapy”, “Meniscal Allograft Transplantation”, “Peripheral Nerve Stimulators”, “Parkinson’s Disease, Treatment with Fetal Mesencephalic Transplantation”, Radio-Frequency Thermocoagulation”, “Thoracic Electrical Bioimpedance”, “Trans-telephonic Home Spirometry” and “Vacuum, Assisted Closure”** are hereby deleted in their entirety. All remaining exclusions are hereby renumbered to correlate with the change.

**SPECIFIC PLAN EXCLUSIONS, Health Interventions, “Cognitive Rehabilitation”** is hereby amended to read as follows.

**Cognitive Rehabilitation.** Services or supplies provided as or in conjunction with, Cognitive Rehabilitation are not covered. See Subsection 9.11. However, subject to all terms, conditions, exclusions and limitation of the Plan as set forth in this Benefit Certificate, coverage is provided for Neurologic Rehabilitation Facility Services for Covered Persons with Severe Traumatic Brain Injury. See Subsection 3.[31].

**SPECIFIC PLAN EXCLUSIONS, Health Interventions, “Compression Garments”** is hereby amended to read as follows.

**Compression Garments.** All types of compression garments, support hose or elastic supports are not covered even when purchased with a Prescription. However, subject to all terms conditions, exclusions and limitation of the Plan as set forth in this Benefit Certificate, coverage is provided for compression garments specifically designed to treat severe burns or compression sleeves and gloves used to treat lymphedemas following mastectomy.

**SPECIFIC PLAN EXCLUSIONS, Health Interventions, “Genetic Testing”** is hereby amended to read as follows.

Genetic testing. In general, genetic testing to determine: (1) the likelihood of developing a disease or condition, (2) the presence of a disease or condition in a relative, (3) the likelihood of passing an inheritable disease, condition or congenital abnormality to an offspring, (4) genetic testing of the products of amniocentesis to determine the presence of a disease, condition or congenital anomaly in the fetus, (5) genetic testing of a symptomatic Covered Person's blood or tissue to determine if the Covered Person has a specific disease or condition, and (6) genetic testing to determine the anticipated response to a particular pharmaceutical, are not covered.

However, subject to the terms, conditions, exclusions and limitations of the Plan set forth in this Benefit Certificate, a limited number of specific genetic tests may be covered for situations (4) or (5) referenced above when the Company has determined that the particular genetic test (a) is the only way to diagnose the disease or condition, (b) has been scientifically proven to improve outcomes when used to direct treatment, and (c) will affect the individual's treatment plan. A limited number of specific genetic tests may be covered for situation (6) referenced above if criteria (b) and (c) above are met. The Company has full discretion in determining which particular genetic tests may be eligible for benefits as an exception to this exclusion under situations (4), (5) or (6). Any published Arkansas Blue Cross Coverage Policy regarding a genetic test will control whether or not benefits are available for that genetic test as an exception to this exclusion.

**SPECIFIC PLAN EXCLUSIONS, Health Interventions, "Percutaneous Discectomy"** is hereby amended to read as follows.

Percutaneous discectomy and Radio-frequency Thermocoagulation. Any method of percutaneous discectomy, including, but not limited to, automated or manual percutaneous discectomy, laser discectomy, radiofrequency nucleotomy or nucleolysis, and coblation therapy, is not covered. Radio-frequency Thermocoagulation or Intradiscal electrothermal therapy for discogenic or other forms of back pain are not covered.

**SPECIFIC PLAN EXCLUSIONS** is hereby amended to add the following new Subsection. All remaining Subsections are hereby renumbered to correlate with the change.

Home delivery. Services and supplies received in connection with child birth in the home are not covered regardless of the Provider.

This Amendment becomes a part of the USABLE Life Managed Benefits Comprehensive Major Medical Group Benefit Certificates. All other provisions of the Group Benefit Certificate remain in full force and effect.



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Jason Mann, President

USABLE Life  
Group Health Division  
[PO Box 1151, 400 West Capitol, Suite 1500  
Little Rock, Arkansas 72203]

SERFF Tracking Number:	LSVX-G127163832	State:	Arkansas
Filing Company:	USAbLe Life	State Tracking Number:	48740
Company Tracking Number:	AR000960100004		
TOI:	H16G Group Health - Major Medical	Sub-TOI:	H16G.001C Any Size Group - Other
Product Name:	Group Health Policy Amendments		
Project Name/Number:	GRP- Group/AR000960100004		

## Supporting Document Schedules

	<b>Item Status:</b>	<b>Status</b>
		<b>Date:</b>
<b>Satisfied - Item:</b> Flesch Certification	Approved-Closed	05/12/2011
<b>Comments:</b>		
<b>Attachment:</b>		
Flesch 42-47 7-11,42-29, 42-30 R7-11Certification USAbLe.PDF		

	<b>Item Status:</b>	<b>Status</b>
		<b>Date:</b>
<b>Bypassed - Item:</b> Application	Approved-Closed	05/12/2011
<b>Bypass Reason:</b> Not a policy filing		
<b>Comments:</b>		

	<b>Item Status:</b>	<b>Status</b>
		<b>Date:</b>
<b>Bypassed - Item:</b> PPACA Uniform Compliance Summary	Approved-Closed	05/12/2011
<b>Bypass Reason:</b> Not a policy filing. Not PPACA related.		
<b>Comments:</b>		



RE:           USAble Life  
Form Nos.   42-47 7/11, 42-29 MHP R7/11, 42-30 MHP R7/11

## FLESCH READING EASE CERTIFICATION

This is to certify that the above referenced documents have achieved a Flesch Reading Ease Score average of 40.4 and comply with the requirements of A.C.A. §23-80-201 *et. seq.*, cited as the Life and Accident and Health Insurance Policy Language Simplification Act.

A handwritten signature in dark ink, appearing to read "Jason Allen", is written over a horizontal line.

Name

President  
Title

May 9, 2011  
Date